



Glenda Ritz, NBCT

Indiana Superintendent of Public Instruction

Non-Standard Assessment Accommodation Request: 2013-14 Assessments

Introduction

A list of approved accommodations for Indiana assessments is provided in *Appendix C* of the *Indiana Assessment Program Manual* (http://www.doe.in.gov/assessment). A non-standard assessment accommodation is one that is NOT identified in the *Indiana Assessment Program Manual*, and must be approved by the Indiana Department of Education. Requests must be made by the specific dates indicated below (based on testing windows). IMPORTANT: A separate, original form must be submitted for each individual student per testing window. *Incomplete forms and/or forms requesting more than one window cannot be processed.*

Requirements

- The accommodation must be part of the student's IEP, Section 504 Plan, ILP, or Service Plan and used consistently in the classroom. Standard accommodations on the state assessment must be considered prior to requesting a nonstandard accommodation.
- The accommodation:
 - o must not invalidate the construct of the assessment;
 - must align with instructional practices; and
 - must be individualized for the student who needs the accommodation.

Process

Local

- To request use of a non-standard assessment accommodation, the Corporation Test Coordinator (CTC) must complete and submit the form on page 2 of this document on or before the date indicated below (based on a particular testing window) to the Office of Student Assessment via fax at 317-233-2196.
 - o Be certain to respond to question number 2 on page 2 of this form, as the information documented there will be used, rather than a submission of the specific IEP, Section 504 Plan, ILP, or Service Plan.
 - o If the request is for a paper version of the assessment, describe in question number 3 on page 2 of the form why the student cannot use the computer-based format. Be sure to explain what technology skills the student lacks that are needed to successfully participate in the assessment using the online mode.
- Upon receipt of the request form, an email will be sent confirming receipt.

Submit a **Non-Standard Assessment Accommodation Request Form** for each appropriate testing window (form due date appears after each window).

Assessment	Form Due	Assessment	Form Due
ISTEP+ App Skills	January 6, 2014	ECA-Fall	August 26, 2013
ISTEP+ M/C	March 3, 2014	ECA-Early Winter	October 14, 2013
IMAST	March 3, 2014	ECA-Late Winter	December 16, 2013
IREAD-3 (Spring)	January 20, 2014	ECA-Spring	February 24, 2014
IREAD-3 (Summer)	May 12, 2014	ECA-Summer	April 24, 2014

IDOE

- The Director of Student Assessment will ensure review of requests.
- The results of the review will be communicated to schools/corporations approximately three weeks after receipt of the request.

IMPORTANT: The form on page 2 is used **ONLY for accommodations that are not listed** in the *Indiana Assessment Program Manual*.





Glenda Ritz, NBCT

Indiana Superintendent of Public Instruction

Non-Standard Assessment Accommodation Request Form: 2013-14

Testing Window	Content Areas	Testing Window	Content Areas
□ ISTEP+ App Skills (1-6-14)	□ ELA □ MA □ SCI □ SS	□ ECA-Fall (8-26-13)	□ Alg I □ Eng I 0 □ Bio I
□ ISTEP+ M/C (3-3-14)	□ ELA □ MA □ SCI □ SS	□ ECA-Early Winter (10-14-13)	□ Alg I □ Eng I 0 □ Bio I
□ IMAST (3-3-14)	□ ELA □ MA □ SCI □ SS	□ ECA-Late Winter (12-16-13)	□ Alg I □ Eng I 0 □ Bio I
☐ IREAD-3—Spring (1-20-14)	N/A	□ ECA-S pring (2-24-14)	□ Alg I □ Eng I 0 □ Bio I
☐ IREAD-3—Summer (5-12-14)	N/A	□ ECA-S ummer (4-24-14)	□ Alg I □ Eng I0
I) Non-standard assessm	ent accommodation re	equested:	
2) one in which the	nodation ne student's IEP, Section 504 student is proficient?	Yes" or "No": Plan, ILP, or Service Plan? Yes Yes technology skills the student lacks	No
participate in the assessmen	it using the offilite mode.		
l) Date of Request:			
Corporation Name and	d Number:		
Corporation Name and	d Number: umber(s):		
Corporation Name <u>and</u> School Name(s) <u>and</u> N	d Number: umber(s):		
Corporation Name and School Name(s) and N Student Name: Date of Birth:	d Number:umber(s):irm that the informati		
Corporation Name and School Name(s) and N Student Name: Date of Birth: by Signing below, I aff	d Number:umber(s):irm that the informati	Student's Grade:	at the request of the Indiana
Corporation Name and School Name(s) and N Student Name: Date of Birth: By signing below, I aff Department of Educa CTC Signature:	d Number: umber(s): irm that the informati	Student's Grade: on provided can be verified a	at the request of the Indiana
Corporation Name and School Name(s) and N Student Name: Date of Birth: By signing below, I aff Department of Educa CTC Signature: CTC Print Name:	d Number: umber(s): irm that the informatition.	Student's Grade: on provided can be verified a	at the request of the Indiana
Corporation Name and School Name(s) and N Student Name: Date of Birth: By signing below, I aff Department of Educa CTC Signature: CTC Print Name: CTC Telephone Num	d Number: umber(s): irm that the informatition.	Student's Grade: on provided can be verified a Date:	at the request of the Indiana
Corporation Name and School Name(s) and N Student Name:	d Number: umber(s): irm that the informatition. ber: () submit this request on office of Student Assessmente contact Karen Stein, Specia	Student's Grade: on provided can be verified a Date:	at the request of the Indiana: I above (based on a particu
Corporation Name and School Name(s) and N Student Name: Date of Birth: Date of Birth: S) By signing below, I aff Department of Educa CTC Signature: CTC Print Name: CTC Telephone Num CTC Email Address: MPORTANT: Be sure to testing window) to the Off If you have questions, pleas	d Number: umber(s): irm that the informatition. ber: () submit this request on office of Student Assessmen e contact Karen Stein, Specia	Student's Grade: on provided can be verified a Date: or before the date indicated t via fax at 317-233-2196. Programs Assessment Specialist, at kst	at the request of the Indiana: I above (based on a particu